**Oldham Community Champions Fund Application (up to £500)**

**Section One: About You**

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| **Name of Group / Individual:** |  |
| **Address of Group / Individual:**  |  |
| **Contact Details:** | **Main Contact**  | **Second Contact** |
| **Name:** |  |  |
| **Position in group:** |  |  |
| **Telephone Number:** |  |  |
| **Mobile Number:** |  |  |
| **Email address:** |  |  |
| **Address (including postcode):** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes**  | **No** |
| **Are you based, working or volunteering in the Oldham Borough?** |  |  |
| **Please tick the area (s) that will benefit from your help**[ ]  **Oldham Central St Marys, Alexandra and Coldhurst**[ ]  **Chadderton, Werneth**[ ]  **Royton, Shaw & Crompton**[ ]  **Saddleworth, Lees, St James, Waterhead**[ ]  **Failsworth, Hollinwood, Medlock Vale and Fitton Hill** |  |  |
| **Do you have a set of rules about how you will work together? (It’s ok if you’re a newly formed group and don’t have this.)** |  |  |
| **Do you have a bank account in the group’s name with at least two unrelated signatories? (we can find a solution if you don’t)** |  |  |
| **Does your project comply with government guidance on helping safely?** [***how to help safely government guidance***](https://www.gov.uk/government/publications/coronavirus-how-to-help-safely--2/coronavirus-how-to-help-safely) |  |  |

**Section Two: Your project**

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| **Which of the following “most at risk communities does your group support or engage with? (you can tick more than one)?** |
| South Asian communities |  |
| Roma community |  |
| African communities |  |
| People with learning disabilities and autism |  |
| People with sensory disabilities |  |
| **What is your idea / what will you do with the grant?** *We would like to know how you will engage with those most at risk from Covid-19, and how you will use the grant. Please refer to the guidance notes for the fund. Please also tell us how you will deliver the engagement (how many people, what methods would you use).****Maximum of 500 words.*** |
|  |
| **How many people will directly benefit from the project?** |  |
| **How much money are you applying for?** |  |

**Section Three: Supporting Documents**

**Please provide a copy of any of the following documents that you have.**

Dependant on the nature of your set up or activities we may need to help you to get these in place if you don’t already have them.

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| **Supporting information** |
| [ ]  Details of a bank account associated with the group or activity |
| [ ]  Insurance details (if applicable) (public liability and employers’ liability) |
| [ ]  Safeguarding policy (if applicable) |

**Section Four: Grant Declaration**

1. I certify that the information contained in this application is correct. I understand that if in any way the information is not correct, the application may be disqualified, or any grant awarded may be repayable on request.
2. If the information changes in any way I will inform Action Together as soon as possible.

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| **Main contact for this project:** |  |
| Role within group: |  |
| Enter name to confirm agreement (instead of a signature) |  |
| Date: |  |

|  |  |
| --- | --- |
| **Other contact for the group**  |  |
| Role within group: |  |
| Enter name to confirm agreement (instead of a signature) |  |
| Date: |  |